FOIA Number: 2018-0764-F

# FOIA MARKER

**This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.**

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**Collection/Record Group:** Clinton Presidential Records

**Subgroup/Office of Origin:** National AIDS Policy Office

**Series/Staff Member:** Sandra Thurman

**Subseries:**

---

**OA/ID Number:** 40015

**FolderID:**

---

**Folder Title:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

| Stack: | Row: | Section: | Shelf: | Position: |
|---|---|---|---|---|
| S | 66 | 6 | 1 | 1 |

# Withdrawal/Redaction Sheet
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. list | re: [Personally Identifiable Information] [partial] (7 pages) | 00/00/0000 | b(6) |
| 002. fax | re: [Personally Identifiable Information] [partial] (1 page) | 01/18/2001 | b(6) |
| 003. emails | re: WAVES appointments [Personally Identifiable Information] [partial] and Secret Service [partial] (35 pages) | 10/25/2000 | b(7)(C), b(7)(E), b(7)(F), b(6) |
| 004. form | RSVP form re: [Personally Identifiable Information] [partial] (1 page) | 10/24/2000 | b(6) |
| 005. note | re: [Personally Identifiable Information] [partial] (1 page) | 00/00/0000 | b(6) |
| 006. list | re: Reception [Personally Identifiable Information] [partial] (1 page) | 10/23/2000 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: **Rose Gonzalez**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 651 7001

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1994 |
| CONNECTION TEL | 96517001 |
| CONNECTION ID | |
| ST. TIME | 01/15 18:57 |
| USAGE T | 00'57 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Rose Gonzalez

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 651 7001

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

| TO: | FROM: |
|---|---|
| **Kim Green** | |
| COMPANY: | DATE: |
| | January 15, 2001 |
| FAX NUMBER: | TOTAL NO. OF PAGES INCLUDING COVER: |
| 703 807 0627 | 3 |
| PHONE NUMBER: | |

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1995 |
| CONNECTION TEL | 97038070627 |
| CONNECTION ID | |
| ST. TIME | 01/15 18:59 |
| USAGE T | 01'01 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Kim Green

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 703 807 0627

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

TO: **Eric Goosby**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 690-7560

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1996 |
| CONNECTION TEL | 96907560 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:00 |
| USAGE T | 00'59 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Eric Goosby

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 690-7560

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO:
**Steve Gunderson**

FROM:

COMPANY:

DATE:
January 15, 2001

FAX NUMBER:
703 243 8377

TOTAL NO. OF PAGES INCLUDING COVER:
3

PHONE NUMBER:

RE:
Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1997 |
| CONNECTION TEL | 97032438377 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:02 |
| USAGE T | 00'57 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Steve Gunderson

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 703 243 8377

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER.

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: **Paul Hartenberger**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 216 3046

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 2002 |
| CONNECTION TEL | 92163046 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:22 |
| USAGE T | 01'01 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Paul Hartenberger

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 216 3046

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: **David Harvey**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 785 3579

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 2003 |
| CONNECTION TEL | 97853579 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:24 |
| USAGE T | 01'02 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: David Harvey

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 785 3579

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

TO: **William Harris**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 617 354-7831

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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(202) 456-2438 (fax)

**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 2001 |
| CONNECTION TEL | 916173547831 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:21 |
| USAGE T | 01'00 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: William Harris

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 617 354-7831

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

TO:
**Geeta Rao Gupta**

FROM:

COMPANY:

DATE:
January 15, 2001

FAX NUMBER:
799 0020

TOTAL NO. OF PAGES INCLUDING COVER:
3

PHONE NUMBER:

RE:
Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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**********
*** ERROR TX REPORT ***
**********

TX FUNCTION WAS NOT COMPLETED

| | | |
|---|---|---|
| TX/RX NO | 1999 | |
| CONNECTION TEL | | 97990020 |
| CONNECTION ID | | |
| ST. TIME | 01/15 19:11 | |
| USAGE T | 00'00 | |
| PGS. | 0 | |
| RESULT | NG | |
| | 0 | #018 |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Geeta Rao Gupta

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 799 0020

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: **Laura Hanon**

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 434 8092

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 2000 |
| CONNECTION TEL | 94348092 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:09 |
| USAGE T | 00'57 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Laura Hanon

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 434 8092

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO:
**Miguel Gomez**

FROM:

COMPANY:

DATE:
January 15, 2001

FAX NUMBER:
690-7560

TOTAL NO. OF PAGES INCLUDING COVER:
3

PHONE NUMBER:

RE:
Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

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Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

**********
*** TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 1998 |
| CONNECTION TEL | 96907560 |
| CONNECTION ID | |
| ST. TIME | 01/15 19:03 |
| USAGE T | 00'56 |
| PGS. | 3 |
| RESULT | OK |

# OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

## FACSIMILE TRANSMITTAL SHEET

TO: Miguel Gomez

FROM:

COMPANY:

DATE: January 15, 2001

FAX NUMBER: 690-7560

TOTAL NO. OF PAGES INCLUDING COVER: 3

PHONE NUMBER:

RE: Please see attached invitation.

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 001. list | re: [Personally Identifiable Information] [partial] (7 pages) | 00/00/0000 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

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C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

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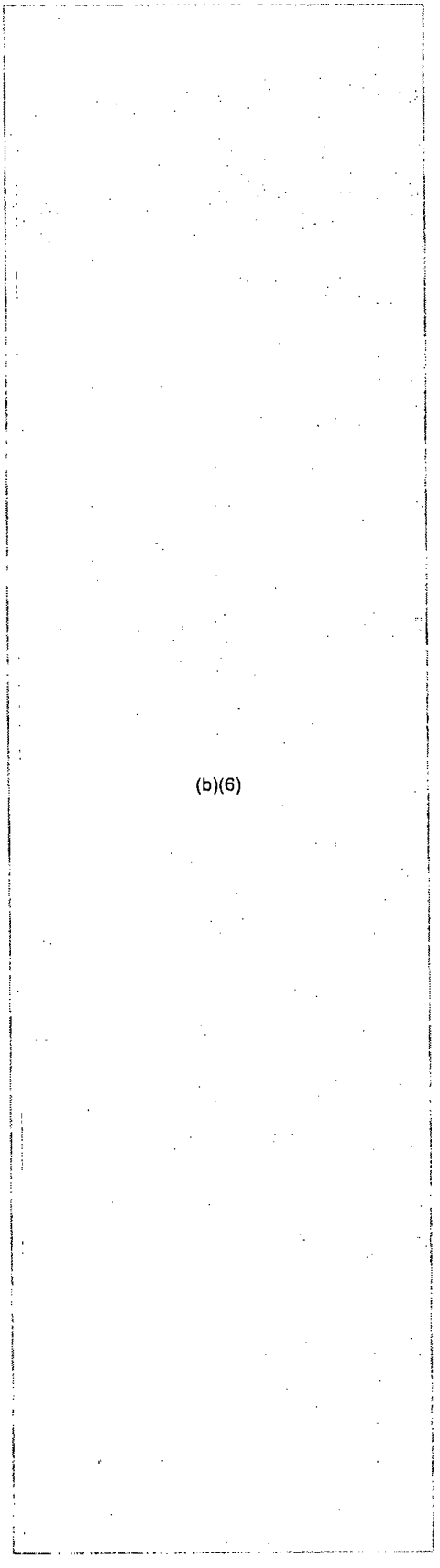
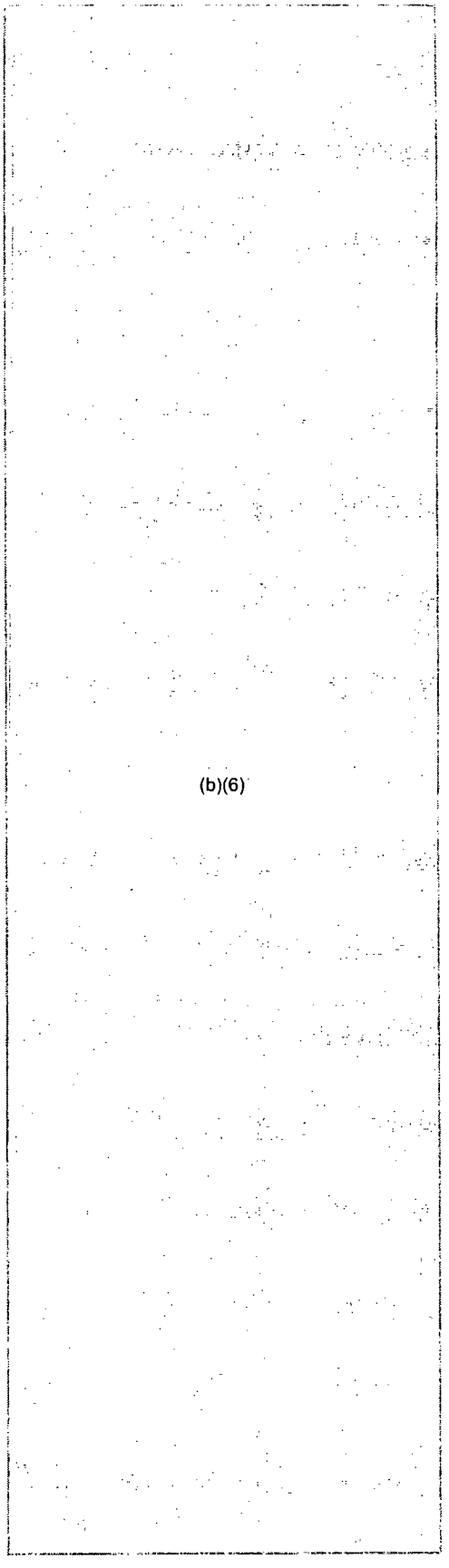
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

ADASHEK, JONATHAN
ALBERT, MARC
ANDERSON, TERJE
BAKER, CORNELIUS
BARTH, ERIKA
BENNETT, BARBARA
BHATT, PAURVI
BLACKWELL, CHARLES
BRAUN, KRISTIN
CARSON, TRACY
CASTLE, CHRISTOPHER
CASTLE, CHRISTOPHER
CHAD, MARTIN
COHEN, DONALD
CONNOLLY, CAROLINE
CORNMAN, HELEN
CZYRKA, KAROL
DELAY, PAUL
DERRYCK, VIVIAN
DESHAZER, MACARTHUR
DESOLE, ROXANAROGERS
DEZALDUONDO, BARBARA
EDWARDS, ROBERT
EMANUELSON, JOHN
FIELD, MARYLYN
FISHER, ANDREW
FOOTE, MELVIN
FOWLER, CLEARANCE
GETSON, ALAN
GILLESPIE, DUFF
GILMAN, JOHN
GOOSBY, ERIC
GREEN, KIMBERLY
HARRIS, WILLIAM
HARTSOCK, PETER
HARVEY, DAVID
HEART, LINDA
HILTON, PHILIP
HOLLOWAY, JOAN
ILVES, ANDREW
ISSAC, MARK
JACKSON, JACK
JOHNSON, MICHAEL
KINOTI, STEPHEN
KOOMSON, BERTHAHELENA




[001]

KOOMSON, KOBINAARTHUR
LABONTE, CHRISTOPHER
LAMPTEY, PETER
LUCAS, PAYNE
MACINNIS, RONALD
MCONNELL, BERND
MENARD, BARBARA
MILAN, JESSE
MILLER, MICHAEL
MINOR, BRENT
MONTOYA, DEBORAH
MTSHALI, GLAUDINE
NADLER, TRACEYSCOTT
NEWTON, GARY
NYANGANYI, MUSTAFA
OGRADY, MARY
OSBORNE, KEVIN
OUTTERSON, BETH
PETITO, MARGARET
PIOTROW, PHYLLIS
PRIMM, BENY
PULERWITZ, JULIE
RAKOVIC, ANN
RAMLOW, REED
RIGGS, MICHAEL
RIGGSPERLA, JOY
ROMERO, ELIZABETH
RUTENBERG, NAOMI
SAKAE, MEGUMI
SANDERS, ROBIN
SEZIBERA, RICHARD
SIEMENS, ALBERT
SPADACINI, MARIABEATRICE
SSEMPALA, EDITHGRACE
STANECKI, KAREN
STERNBERG, ALAN
STILWELL, WILLIAM
STINSON, NATHANIEL
SUALE, SAMBE
SUMILAS, MICHELE
TONDREAU, MARY
TOWNSEND, JOHN
TURNER, BARBARA
VERONSULLIVAN, YOLANDE
VONZINKERNAGEL, DEBORAH
WALKER, KIMBERLY



WALKOWIAK, HELENA
WATTS, LYDIA
ZEWDIE, DEBREWORK

CLEARED FOR 600 pm. Thursday 474 OEOB

— escort needed

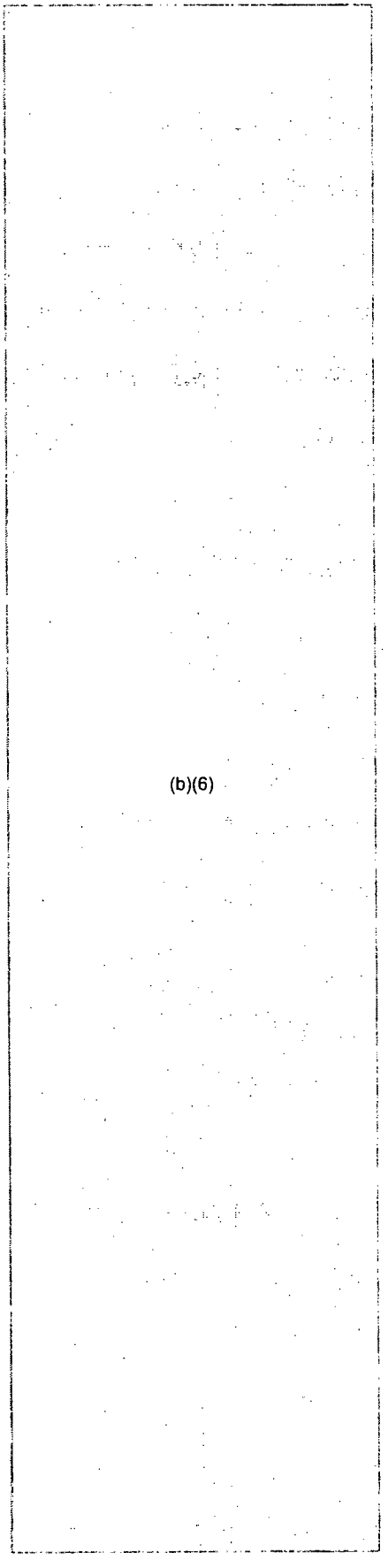
ADASHEK, JONATHAN
ALBERT, MARC
AMBROSE, MICHAEL
ANASTASI, MARIE
ANDERSON, TERJE
ARNOLD, WILLIAM
BAKER, CORNELIUS
BARTH, ERIKA
BASILE, VICTOR
BENNETT, BARBARA
BERG, ROBERT
BERMAN, JOHN
BHATT, PAURVI
BLACKWELL, CHARLES
BOURASSA, VIRGINIA
BRAUN, KRISTIN
BROWN, CATHERINE
BROWN, CATHY
CARR, KATHLEEN
CARSON, TRACY
CASTLE, CHRISTOPHER
CATES, WILLIARD
CHAD, MARTIN
COHEN, DONALD
CONNOLLY, CAROLINE
CORNMAN, HELEN
CRISTINA, JOSEPH
CZYRKA, KAROL
DAULAIRE, NILS
DAULAIRE, SIRI
DELAY, PAUL
DELLUMS, RONALD
DERRYCK, VIVIAN
DESHAZER, MACARTHUR
DESOLE, ROXANAROGERS
DEZALDUONDO, BARBARA
DOSHI, REENAL
EDWARDS, ROBERT
EMANUELSON, JOHN
FAUCI, ANTHONY
FIELD, MARYLYN
FISHER, ANDREW
FLEMING, PATRICIA

(b)(6)

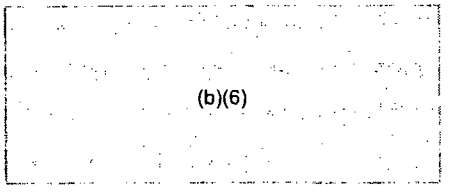
FOOTE, MELVIN
FOWLER, CLEARANCE
GAIST, PAUL
GAMBRELL, ALAN
GETSON, ALAN
GILLESPIE, DUFF
GILMAN, JOHN
GOMEZ, MICHAEL
GOOSBY, ERIC
GOTTEMOELLER, MEGAN
GREEN, KIMBERLY
HANEN, LAURA
HARRIS, WILLIAM
HARTSOCK, PETER
HARVEY, DAVID
HEART, LINDA
HERZOG, MARK
HILTON, PHILIP
HOLLOWAY, JOAN
ILVES, ANDREW
ISSAC, MARK
JACKSON, JACK
JOHNSON, MICHAEL
KENNEDY, MAYBELLE
KINOTI, STEPHEN
KOOMSON, BERTHAHELENA
KOOMSON, KOBINAARTHUR
LABONTE, CHRISTOPHER
LAMPTEY, PETER
LEVIN, SAUL
LIONETTI, DENISE
LUCAS, PAYNE
MACINNIS, RONALD
MCONNELL, BERND
MENARD, BARBARA
MILAN, JESSE
MILLER, CAROL
MILLER, MICHAEL
MINOR, BRENT
MONTOYA, DEBORAH
MTSHALI, GLAUDINE
NADLER, TRACEYSCOTT
NEEDLE, RICHARD
NEWTON, GARY
NOLEN, HEATHER
NYANGANYI, MUSTAFA

(b)(6)

ODAY, JAMES
OGRADY, MARY
OSBORNE, KEVIN
OSEROFF, EDWARD
OUTTERSON, BETH
PARTLOW, MARY
PETITO, MARGARET
PIERCY, JAN
PIOTROW, PHYLLIS
PRIMM, BENY
PULERWITZ, JULIE
RAKOVIC, ANN
RAMLOW, REED
RIGGS, MICHAEL
RIGGSPERLA, JOY
ROMERO, ELIZABETH
RUTENBERG, NAOMI
SAKAE, MEGUMI
SANDERS, ROBIN
SCARLETT, MARGARET
SEZIBERA, RICHARD
SIEMENS, ALBERT
SISULU, SHEILA
SPADACINI, MARIABEATRICE
SSEMPALA, EDITHGRACE
STACHELBERG, CYNTHIA
STANECKI, KAREN
STEPHENSON, CHARLES
STERNBERG, ALAN
STILWELL, WILLIAM
STINSON, NATHANIEL
SUALE, SAMBE
SUMILAS, MICHELE
SUMMERS, TODD
SUSKINKLAUBER, HOPE
SUSSMAN, LINDA
TAYLOR, MARY
THOMSON, CHRISTOPHER
TONDREAU, MARY
TOWNSEND, JOHN
TURNER, BARBARA
VERONSULLIVAN, YOLANDE
VIGUERIE, KATHRYN
VONZINKERNAGEL, DEBORAH
WALKER, KIMBERLY
WALKOWIAK, HELENA



WATTS, LYDIA
WIGGINS, JAMES
ZAKE, FLORENCE
ZEWDIE, DEBREWORK



# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 002. fax | re: [Personally Identifiable Information] [partial] (1 page) | 01/18/2001 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**********************
*** TX REPORT ***
**********************

TRANSMISSION OK

| | |
|---|---|
| TX/RX NO | 2019 |
| CONNECTION TEL | 55349 |
| CONNECTION ID | USSS WAVES CENTE |
| ST. TIME | 01/18 17:27 |
| USAGE T | 00'29 |
| PGS. | 1 |
| RESULT | OK |

**Sorry about the fax – unfortunately, our lotus notes system is not working. If possible please acknowledge receipt. THANK YOU!**

**Waves Request (lotus notes unavailable)**
**U no. U70037 (combined with)**
**Appt. Time – 6:00PM, Jan. 19, 2001**
**Location – Indian Treaty Room (474), OEOB**
**Requestor: Matthew Murguia**
**Extension – 5-1449**

[002]

| Last Name | First Name | DOB | Soc. Sec. |
|---|---|---|---|
| Amarasingham | Saha | (b)(6) | |
| Lee | Yolanda | | |
| Rafiu | Wakena | | |
| Harrel | Tanya | | |
| Druin | Philip | | |
| Schneidman | Witney | | |
| Dumont | Cedric | | |
| Lee | Karen | | |
| Ayenew | Mesfin | | |
| Alemayehou | Mimi | | |
| Kidane | Rachel | | |
| Gobena | Mr. Thomas | | |
| Marshall | Wayne | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 003. emails | re: WAVES appointments [Personally Identifiable Information] [partial] and Secret Service [partial] (35 pages) | 10/25/2000 | b(7)(C), b(7)(E), b(7)(F), b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

**WAVES_CONF@mhub.eop.gov**
10/25/2000 06:31:08 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45538 Confirmation for BAUERLE, CHERYL

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45538 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 17:28:35

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 5:30:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

[003]

WAVES APPOINTMENT NUMBER: U45538

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

**********

MANN, DOROTHY (b)(6) - AIDS Alliance - 202-785-3579

**WAVES_CONF@mhub.eop.gov**
10/25/2000 06:46:58 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER
Date: 10-25-2000
Time: 17:43:57

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:30:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE C
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
**********

HAYDEN, KATHYJO (b)(6) - ADAP - 202-588-8868

**WAVES_CONF@mhub.eop.gov**
10/24/2000 05:05:12 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:

Subject: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 16:01:04

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

AIDS Action
FAX #
202-530-8031

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 38
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 38

**********

ABREU, JULIO
ANDERSON, TERJE
ARNOLD, WILLIAM
BLAIR, ROBERT
BRERELLE, JEAN
COX, HAROLD
EGING, MICHAEL
EHRMANN, TANYA
FOSTER, RONALD

(b)(6)

AIDS Action - 202-530-8031
NAPWAIDS - 202-898-0435
ADAP - 202-588-8868
ADAP - 202-588-8868

ADAP - 202-588-8868
AIDS Action - 202-530-8031

FOX, JAMIE
FRENCH, CLAUDIA
GARAFALO, BRIAN
GILMAN, JOHN
GOROPOLOS, PHILIP
HAAS, ROSEMARY
JACKSON, EUGENE
JOHNSON, DALE
JOYNER, MICHAEL
KAYDEN, KATHY
KILBOURN, SETH
LIGHTBOWN, SARAH
MCGUIRE, JEAN
PANTHAKY, SHIRAZ
PARKER, KIMBERLY
PAYNE, DONALD
PIZZOLI, FRANK
POLLAS, YARDLY
ROBERTS, RON
ROBINSON, STEPHANIE
ROSE, GARY
ROSSOMANDO, NINA
RUSH, BOBBY
SANCHEZ, IDALIA
SCHUYLER, WILLIAM
STACHELBERY, CYNTHIA
WHITE, JEANNE
WILLIAMS, KIMBERLY
WINFREE, CARL

(b)(6)

AIDS Action — 202-530-8031
AIDS Action - 202-530-8031
ADAP - 202-588-8868

ADAP - 202-588-8868
ADAP - 202-588-8868
ADAP - 202-588-8868
ADAP - 202-588-8868
ADAP - 202-588-8868

AIDS Action - 202-530-8031

Congressman - 202-225-4160
DAP - 202-588-8868

DAP - 202-588-8868

DAP - 202-588-8868

HIV/AIDS Bureau - HRSA - 301-443-3393
ADAP - 202-588-8868

AIDS Action - 202-530-8031
ADAP - 202-588-8868
ADAP - 202-588-8868

**WAVES_CONF@mhub.eop.gov**
10/24/2000 06:33:50 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER
Date: 10-24-2000
Time: 17:30:46

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 8
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 8
**********

BOULE, SCOTT
CUMMINGS, ELIJAH
DONOHUE, SEAN
DOYLE, ARNOLD
FOX, CLAUDE
HAMBURG, MARGARET
HANEN, LAURA
JACKSON, JACK

(b)(6)

– ASPE –

**WAVES CONF@mhub.eop.gov**
10/24/2000 07:18:35 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-24-2000
Time: 18:14:32

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6
**********

MACGRAW, RACHEL
MARCONI, KATHERINE
MORGAN, DOUGLAS
PFEIFER, BONNIE
RIGGS, MICHAEL
STROUP, PATRICIA

(b)(6)

– HRSA - HIV/AIDS Bureau – 301-443-3323
– HRSA - HIV/AIDS Bureau –

HRSA –

WAVES CONF@mhub.eop.gov
10/24/2000 07:46:41 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 18:44:11

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 5
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 5

**********

ARTIM, BRUCE
FLAVIN, TOM
ISKOWITZ, MICHAEL
KNIGHT, PATRICIA
OTTEMAN, VIVIAN

(b)(6)

~~CDC - [illegible] - 301-443-3323~~
HRSA - HIV/AIDS Bureau - 301-443-3323

**WAVES CONF@mhub.eop.gov**
10/24/2000 08:10:38 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO
Date: 10-24-2000
Time: 19:09:22

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 6
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 6
**********

BAIRD, WILLIAM
BRAUN, KRISTIN
CLYBURN, JAMES
EDWARDS, DAPHNE
GONZALEZ, ROSE
ISAAC, MARK

(b)(6)

AIDS Alliance for Children, Youth & Families (202-785-3579)

- 202-651-7004

Elizabeth Glaser Pediatric AIDS Foundation
202-371-2044

**WAVES CONF@mhub.eop.gov**
10/25/2000 12:29:07 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 11:24:29

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

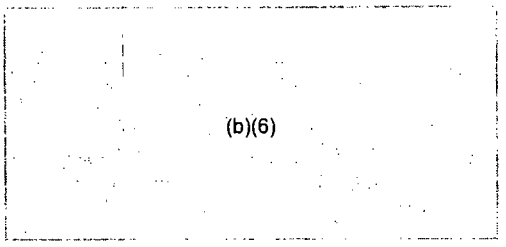
**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 15
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 15
**********

ARANDANARANJO, BARBARA
BREVELLE, JEANMICHEL
ESHOO, ANNA
FLEMING, WILLIAM
FOSTER, ROLAND
HOLEWINSKI, SARAH
HOLLOWAY, JOAN
KIM, PAUL
RAKOVIC, ANN

(b)(6)

A - HIV/AIDS Branch - 301-443-3323

RAMPY, STACEY
ROMERO, ELIZABETH
STACHELBERG, CYNTHIA
STEVRALIA, LEAH
TARPLIN, RICHARD
WELDON, STEVEN



**WAVES_CONF@mhub.eop.gov**
10/24/2000 09:05:46 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO
Date: 10-24-2000
Time: 20:02:40

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Please note: Appointment confirmation for visitor names you requested and not listed below may be forthcomming.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 26
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 20

**********

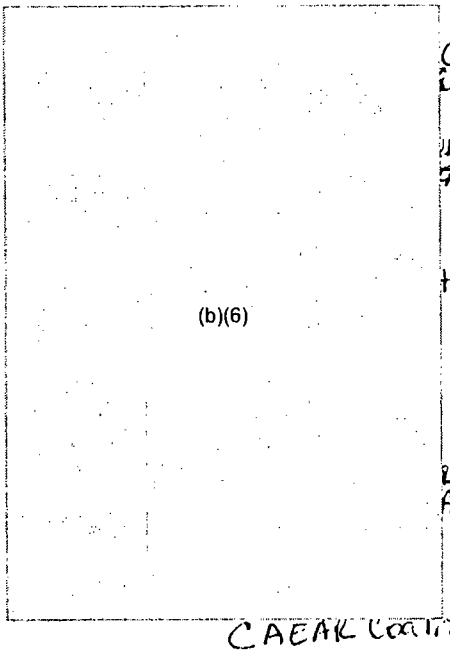
CHOOR, JEFFREY
CHRISTIANCHRISTENSEN, DONN
COBURN, THOMAS
HANDLER, EUGENIA
~~ISAAC, MARK~~
JOHNSON, RONALD

(b)(6)

- Congresswoman -
AP Coalition - 202-483-1964

JORDAN, MARY
MCKENNA, TIMOTHY
MONELL, NATHAN
MOSS, MYLA
MUTHER, JACQUELINE
NGUYEN, KHOA
NORMAN, NANCY
PARHAM, DEBORAH
PURDY, DAVID
RILEY, AMANDA
SCOFIELD, JULIE
SUMMERS, TODD
TRAMMELL, JEFFREY
VASILOFF, JENNIFER

Sheridan, Thomas




CAEAR Coalition
~~The Read Group~~ - 202-483-1964

~~Reader Group~~ CAEAR Coalition 404-616-9898
~~AEAR Coalition - 202-483-1964~~

HRSA - HIV/AIDS Bureau - 301-443-3323

- 202-434-8092

~~Reader Group~~ - 202-483-1964
AEAR Coalition

CAEAR Coalition - 202-483-1964

**WAVES_CONF@mhub.eop.gov**
10/24/2000 08:41:37 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 19:39:47

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

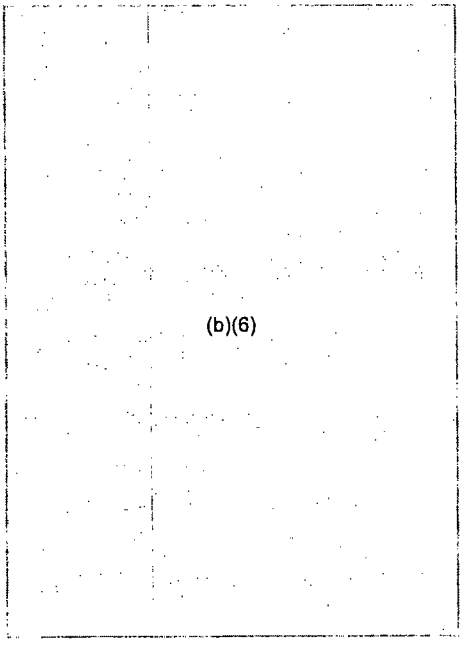
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 26
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 26

**********

BAKER, CORNELIUS
CHOOR, JEFFREY
CHRISTIANCHRISTENSEN, DONN
COBURN, THOMAS
DURAN, INGRID
HANDLER, EUGENIA
HARVEY, DAVID
~~ISAAC, MARK~~
JOHNSON, RONALD

(b)(6)

JORDAN, MARY
MCKENNA, TIMOTHY
MONELL, NATHAN
MOSS, MYLA
MUTHER, JACQUELINE
NGUYEN, KHOA
NORMAN, NANCY
PARHAM, DEBORAH
PURDY, DAVID
RILEY, AMANDA
SALAZAR, JAVIER
SCOFIELD, JULIE
SHERIDON, THOMAS
SILVER, JANE
SUMMERS, TODD
TRAMMELL, JEFFREY
VASILOFF, JENNIFER



**WAVES CONF@mhub.eop.gov**
10/24/2000 08:29:15 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-24-2000
Time: 19:23:39

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Please note: Appointment confirmation for visitor names you requested and not listed below may be forthcomming.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

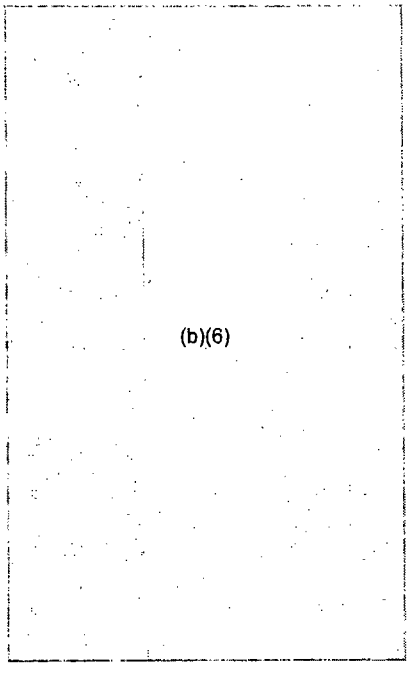
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 26
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 22

**********

CHOOR, JEFFREY
CHRISTIANCHRISTENSEN, DONN
COBURN, THOMAS
HANDLER, EUGENIA
HARVEY, DAVID
~~ISAAC, MARK~~

(b)(6)

JOHNSON, RONALD
JORDAN, MARY
MCKENNA, TIMOTHY
MONELL, NATHAN
MOSS, MYLA
MUTHER, JACQUELINE
NGUYEN, KHOA
NORMAN, NANCY
PARHAM, DEBORAH
PURDY, DAVID
RILEY, AMANDA
SALAZAR, JAVIER
SCOFIELD, JULIE
SUMMERS, TODD
TRAMMELL, JEFFREY
VASILOFF, JENNIFER



WAVES_CONF@mhub.eop.gov
10/25/2000 01:19:06 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:

Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 12:16:35

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 22
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 22

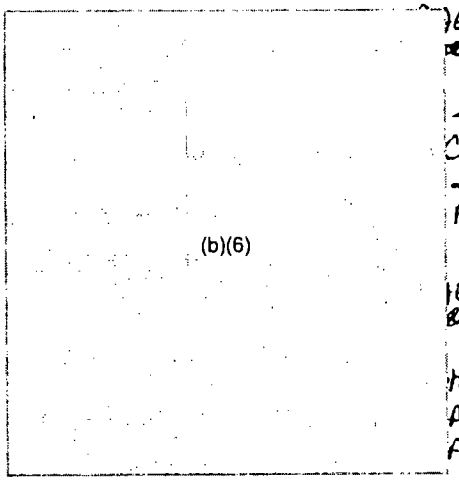
**********

ASSEY, ELIZABETH
BASS, PATRICIA
BROWN, JOHN
CHINLOY, ERROL
COPELLO, ANGELO
CYLAR, KEITH
DEGUZMAN, MARIA
DOCKREY, DELORIS
FISCHMAN, TRACY

(b)(6)

AEAR Coalition – 215-685-5624 or 5223
AEAR Coalition - 760-323-9865
– 212-788-9360
-CAEAR Coalition – 813-985-1313
AEAR Coalition – 212-925-9618
-CAEAR Coalition – 773-275-3689
CAEAR Coalition - 973-485-5085
CAEAR Coalition – 312-747-9663

FLYNN, DARYL
FOWLER, CLARENCE
GAMACHE, LAWRENCE
GRESSMAN, JOHN
HAMILTON, MATTHEW
HOPKINS, ERNEST
KELLY, JOE
MCCLAIN, PAUL
REZNIK, DAVID
ROSS, ALEX
SMILEY, GREGORY
THOMAS, LAURA
VALDEZ, ROBIN




AEAR Coalition - 907-865-1831
[redacted]

CAEAR Coalition - 415-775-6170
CAEAR Coalition - 212-788-9340
AEAR Coalition - 415-487-3089

AEAR Coalition - 301-585-7784
[redacted] - 616-9700

HHS - 202-690-7560
AEAR Coalition - 415-431-7547
AEAR Coalition - 303-285-5620

**WAVES_CONF@mhub.eop.gov**
10/25/2000 02:37:44 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:

Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 13:33:37

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3

**********

GOODLOE, PETER
KATES, JENNIFER
MONELL, NATHAN

(b)(6)

WAVES_CONF@mhub.eop.gov
10/25/2000 03:02:27 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 13:59:22

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 15
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 15

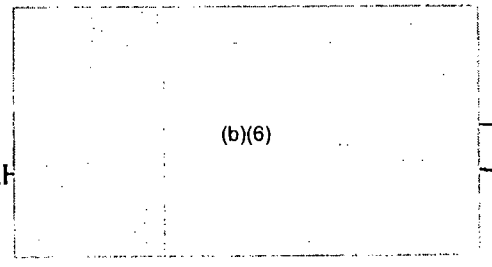
**********

FIELD, MARY
FRIEDMAN, RICHARD
FUNSTON, ROBIN
GOMEZ, MIGUEL
GOOSBY, ERIC
HARDY, LESLIE
MARTIN, MARSHA
MATHIS, HELEN
PENN, SCOTT

(b)(6)

- ASL -
- ASMB -
- OPHS -
- OPHS -
- OSPE -
- OS -
- ASL -

PHILLIPS, SALLY
ROMNES, BRIDGET
ROMNES, PAUL
THURM, KEVIN
VONZINKERNAGEL, DEBORAH
WETEKAM, JAMES




OPHS

**WAVES_CONF@mhub.eop.gov**
10/25/2000 03:38:27 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 14:34:25

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 4
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 4

**********

HYDE, CHRISTINA
RAMPY, STACEY
SOUSA, ANDREW
SPIRER, EDWARD

(b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 04:07:01 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 15:05:30

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

**********

COGORNO, ROBERT (b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 04:40:10 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:

Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 15:34:53

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

**********

SMITH, SHANNON
SPELTA, DANIEL

(b)(6)

**WAVES_CONF@mhub.eop.gov**
10/25/2000 05:18:14 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:13:37

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

**********

ERENHOUSE, RYAN
PEREZ, LUCILLE

(b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 05:31:01 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:27:14

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 3
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 3

**********

HARVEY, DAVID
NURSE, COURTNEY
~~RUDOLPH, KIMBERLY~~ (b)(6)

**WAVES_CONF@mhub.eop.gov**
10/25/2000 05:42:37 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:41:04

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

**********

JONES, JAMES (b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 06:46:57 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO:
Date: 10-25-2000
Time: 17:43:23

(b)(6), (b)(7)c, (b)(7)e, (b)(7)f

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:30:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE C
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
**********

SALEH, RONALD

(b)(6)

**WAVES_CONF@mhub.eop.gov**
10/25/2000 06:55:24 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 17:53:11

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:30:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE C
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

**********

BRASWELL, ANTHONY (b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 06:01:48 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:59:38

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE C
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1

**********

RICHBURG, JOSEPH (b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 07:08:26 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45553 Confirmation for BAUERLE, CHERYL

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45553 Confirmation for BAUERLE, CHERYL
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 18:06:53

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE, CHERYL
Appointment Date: 10/25/00
Appointment Time: 6:05:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45553

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********
TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 1
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 1
**********

HAWKINS, PATRICIA (b)(6)

**WAVES_CONF@mhub.eop.gov**
10/25/2000 05:57:41 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:52:31

This message serves as confirmation of an appointment for the visitors listed below.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 2
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 2

**********

CHEEK, JEFFREY
CHITTY, JULIE

(b)(6)

**WAVES CONF@mhub.eop.gov**
10/25/2000 05:57:39 PM

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP

cc:
Subject: WAVES Appt. U45135 Confirmation for BAUERLE

---

ADDRESSEES: CHERYL_S._BAUERLE@OPD.EOP.GOV
SUBJECT: WAVES Appt. U45135 Confirmation for BAUERLE
FROM: WAVES OPERATIONS CENTER - ACO: (b)(6), (b)(7)c, (b)(7)e, (b)(7)f
Date: 10-25-2000
Time: 16:52:41

This message serves as confirmation of an appointment for the visitors listed below.

Please note: Appointment confirmation for visitor names you requested and not listed below may be forthcomming.

Appointment With: BAUERLE
Appointment Date: 10/25/00
Appointment Time: 5:00:00 PM
Appointment Room: 474
Appointment Building: OEOB
Appointment Requested by: BAUERLE CHERYL
Phone Number of Requestor: 62959

WAVES APPOINTMENT NUMBER: U45135

If you have any questions regarding this appointment, please call the WAVES Center at 456-6742 and have the appointment number listed above available to the Access Control Officer answering your call.

**********

TOTAL NUMBER OF NAMES SUBMITTED FOR ENTRY : 10
TOTAL NUMBER OF NAMES OF CLEARED FOR ENTRY: 8

**********

CARROLL, SCOTT
CHINN, BARBARA
FLEGEL, LAURA
KOLB, FRANK
LEWIS, BARBARA
REEVE, REBECCA

(b)(6)

RUDOLPH, KIMBERLY
STEWART, JENNIFER

(b)(6)

3rd LIST ✓

8 ENTERIES

May G. Kennedy
10/23/2000 05:04:39

Record Type: Record

To: Cheryl S. Bauerle/OPD/EOP@EOP

cc:
Subject: David Harvey requests 2 additional invites

Dear Cheryl,

Please see below.

May
---------- Forwarded by May G. Kennedy/OPD/EOP on 10/23/2000 05:04 PM ----------

**Kristin Braun <kbraun@aids-alliance.org>**
10/23/2000 04:31:14 PM

Record Type: Record

To: May G. Kennedy/OPD/EOP@EOP

cc:
Subject: 2 additional invites

---

May,

Thanks for the tip on getting more folks on the invite list. We just have 2 requests, in this order:

✓ 1. Dorothy P. Mann
DOB
SSN: (b)(6)
Phone: (215) 985-2616

✓ 2. Kristin Leanne Braun
DOB:
SSN: (b)(6)
Phone: (202) 785-3564, ext. 18.

Amidst all the bad news that surrounds, it's nice to have a reason to celebrate! I appreciate your help. Kristin

Kristin Braun
Senior Policy Associate
AIDS Alliance for Children, Youth & Families
1600 K Street, NW, Suite 300
Washington, DC 20006
(202) 785-3564 phone, ext. 18
(202) 785-3579 fax
www.aids-alliance.org

Please donate to AIDS Alliance through
the Combined Federal Campaign, CFC #7270

# *Fax Memorandum*

*Office of Representative Donald M. Payne (10-NJ)*
*2209 RHOB*
*Washington, D.C. 20515*
*202-225-3436*
*Fax Number - 202-225-4160*

TO: WH National AIDS Policy

FAX#: 456 - ~~2959~~ 2438

FROM: Latesha Thompson

DATE: 24 Oct. 2000

PAGES (INCLUDING COVER SHEET): 2

Message:

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 004. form | RSVP form re: [Personally Identifiable Information] [partial] (1 page) | 10/24/2000 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

**P1** National Security Classified Information [(a)(1) of the PRA]
**P2** Relating to the appointment to Federal office [(a)(2) of the PRA]
**P3** Release would violate a Federal statute [(a)(3) of the PRA]
**P4** Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
**P5** Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
**P6** Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

**C.** Closed in accordance with restrictions contained in donor's deed of gift.
**PRM.** Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
**RR.** Document will be reviewed upon request.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

**b(1)** National security classified information [(b)(1) of the FOIA]
**b(2)** Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
**b(3)** Release would violate a Federal statute [(b)(3) of the FOIA]
**b(4)** Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
**b(6)** Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
**b(7)** Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
**b(8)** Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
**b(9)** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

X I will be attending.

_____ I will not be attending.

*If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.*

---

**First and last name as it appears on your photo I.D.**

Cong. Donald M. Payne

**Date of Birth:** (b)(6)

**Social Security**

[004]

**Phone number:** 202-225-3436

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 005. note | re: [Personally Identifiable Information] [partial] (1 page) | 00/00/0000 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

P1 National Security Classified Information [(a)(1) of the PRA]
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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Kevin Thurm

(b)(6)

Braswell
Haus LLS

[005]

# Withdrawal/Redaction Marker
## Clinton Library

| DOCUMENT NO. AND TYPE | SUBJECT/TITLE | DATE | RESTRICTION |
|---|---|---|---|
| 006. list | re: Reception [Personally Identifiable Information] [partial] (1 page) | 10/23/2000 | b(6) |

**COLLECTION:**
Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

**FOLDER TITLE:**
10/25 RWCA [Ryan White CARE Act] Reception [2]

2018-0764-F
jm1970

**RESTRICTION CODES**

**Presidential Records Act - [44 U.S.C. 2204(a)]**

**P1** National Security Classified Information [(a)(1) of the PRA]
**P2** Relating to the appointment to Federal office [(a)(2) of the PRA]
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**b(8)** Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
**b(9)** Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

# ADAP

**Working Group**

**An AIDS Drug Assistance Program Advocacy Coalition**

1775 "T" Street, NW
Washington, D.C. 20009

**Ph: (202) 588-1775**
**FAX: (202) 588-8868**

**Email: weaids@ix.netcom.com**




23 October 2000

## Ryan White Reauthorization Reception – The Indian Treaty Room (#474) – Old Executive Office Building, Washington, DC October 25th 5:00 – 7:00 PM

**Guest List:**

**William E. Arnold**
**Frank Pizzoli**
**Philip K. Goropolos**
**Eugene Jackson, Jr.**
**Robert B. Blair**
**Brian Garafalo**
**Carl L. Winfree**
**Ron Roberts**
**Rosemary Haas**
**Dale R. Johnson**
**Michael Eging**
**Kathy-Jo Hayden**
**Gary Rose**
**Wiiliam J. Schuyler**
**Michael N. Joyner**
**Kimberly Williams**

(b)(6)

**AS of 11:55 AM October 24th...** [006]

**Paul Romnes**
**Bridget Romnes**

(b)(6)

**As of 25 October, 2000 10:45 AM...**

****Photo ID for building security clearance****

**Best Entrance is usually the 18th Street side entrance closest to Pennsylvania Ave.**

**You may use (202) 588-1775 as contact phone number for ALL these people and I'll get to each of them from the office here if need be.**

**Thanks,**

# OFFICE OF NATIONAL AIDS POLICY
## EXECUTIVE OFFICE OF THE PRESIDENT
## THE WHITE HOUSE

**FACSIMILE TRANSMITTAL SHEET**

TO: Lori-San Clark
FROM: Sandy Thurman
COMPANY: Fenway Community Health Center
DATE: October 24, 2000
FAX NUMBER: (617) 859-1250
TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:

RE: Ryan White CARE Act Reauthorization Celebration

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☒ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please see attached sheets.

Will not be able to attend

THANKS

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

__✓__ I will not be attending.

*If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.*

First and last name as it appears on your photo I.D.
Senator Thad Cochran

Date of Birth: _____

Social Security Number: _____

Phone number: _____

You must bring photo identification with you.

*Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.*

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ **I will be attending.**

✓ **I will not be attending.**

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**
Senator Kay Bailey Hutchison

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

To Michael Osterholm

_____ **I will be attending.**

__X__ **I will not be attending.**

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**
JUNE OSBORN

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

Hi! Wish I could be there! I miss you too!
Love,
June

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

__X__ I will not be attending. Reyna Aragón

*If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.*

---

First and last name as it appears on your photo I.D.

_____

Date of Birth: _____

Social Security Number: _____

Phone number: _____

You must bring photo identification with you.

*Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.*

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ **I will be attending.**

__X__ **I will not be attending.** Thank you Lynne M. Cooper St Louis, MO.

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**

_____

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

__✓__ I will not be attending. Senator Patty Murray

*If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.*

---

First and last name as it appears on your photo I.D.

_____

Date of Birth: _____

Social Security Number: _____

Phone number: _____

You must bring photo identification with you.

*Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.*

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ **I will be attending.**

__X__ **I will not be attending.**

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**
Phil Burgess

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

✓ I will not be attending.

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

**First and last name as it appears on your photo I.D.**
JOSEPH A. CRISTINA

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ **I will be attending.**

__✓__ **I will not be attending.**

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**
THOMAS P. HEALY

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# RSVP Form
# The Ryan White CARE Act Reauthorization Celebration

_____ I will be attending.

__X__ I will not be attending.

***If attending, please provide the following information so that you may be cleared into the Eisenhower Executive Office Building.***

---

**First and last name as it appears on your photo I.D.**

Ernest C. Hopkins

**Date of Birth:** _____

**Social Security Number:** _____

**Phone number:** _____

**You must bring photo identification with you.**

***Please fax this response form to the White House Office of National AIDS Policy at 202-456-2438. For further inquiries, please call 202-456-2959. Thank you.***

# FACSIMILE TRANSMISSION

SF AIDS FOUNDATION

**PUBLIC POLICY DEPARMENT**
995 Market Street, Suite 200; San Francisco, CA 94103
P.O. Box 426182; San Francisco, CA 94142
*Main: (415) 487-3080*
*Fax: (415) 487-3089*

Date: 10/24/00

**To:** ONAP

Fax Number: 202-456-2438

**From:**

- ☐ Fred Dillon, Policy Director ext. 3081
- ☒ Ernest Hopkins, Federal Affairs Director ext. 3096
- ☐ Dana Van Gorder, State & Local Affairs Director ext. 3099
- ☐ Kaarina Ornelas, Policy Analyst ext. 3046
- ☐ Anne Carey, Assistant to the Policy Director ext. 3083

*RE:* RWCA Reauthorization Celebration

Number of pages (including cover): 2

---

**Remarks:** ☐ *URGENT!!* ☐ *For your review* ☐ *Reply ASAP* ☐ *Please Comment*
☐ *HAND DELIVER !!!!* ☐ *For your information*

---

**Comments:**